



# Water Resources Program

## Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

SURFACE WATER X GROUND WATER X PERMANENT

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

### Section 1. APPLICANT

Applicant/Business Name: Eastsound Sewer and Water Dist.	Phone No: 360-376-2720	Other No:
Address: P.O. Box 640		
City: Eastsound	State: WA	Zip: 98245
Email Address (optional): esewer3@rockisland.com		

Contact Name (if different from above): Roy Light	Phone No:	Other No:
Relationship to Applicant: Superintendent		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Orcas Highlands Association	Phone No: 360-376-6969	Other No:
Address: P.O. Box 474		
City: Eastsound	State: WA	Zip: 98245
Email Address (optional):		

### Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Develop well as source to provide potable water to class A water system

Anticipated length of time to complete your project: 1 year

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Potable water supply		35	57	Continuous

For Ecology Use	APPLICATION NO: <u>61-28662</u>	SEPAA: <u>Exempt</u> / Not Exempt
	Fee Paid: <u>50-</u>	Check No: <u>805916</u> ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>6/18/10</u> By <u>WTA</u> WRIA: <u>2</u>

TOTAL:	35	57	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES X NO

Is this request for a temporary permit? ☐ YES X NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Section 3. POINT OF DIVERSION OR WITHDRAWAL  
(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source		
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				X Well(s) <input type="checkbox"/> Other: _____		
Source Name: _____				Well diameter & depth: 6" X 650ft		
Tributary to: _____				Number of proposed points of withdrawal: 1		
Number of proposed diversion points: _____				Do you have an existing well? X YES <input type="checkbox"/> NO		
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.		
Well Tag ID No. BAK 485						
C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
173051073	SE	SW	30	37N	1West	San Juan
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: __ Feet ( <input type="checkbox"/> North/X South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section____.						
Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section____.						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES X NO

If no, do you have legal authority to make this application for use of another's land? X YES ☐ NO

Provide the owner name(s), address, and phone number: Orcas Highlands Association, P.O. Box 474, Eastsound, WA 98245, 360-376-6969

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

See included plat maps

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt		
	Fee Paid: _____	Check No: _____	ECY Coding: 001-001-WR1-0285-000011	
Date Returned _____	By _____	Priority Date _____	By _____	WRIA: _____

1/4	1/4	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☐ YES X NO.

If no, do you have legal authority to make this application for use of another's land? X YES ☐ NO

Provide owner name(s), address, and phone number: Orcas Highlands Association, P.O. Box 474, Eastsound, WA  
98245, 360-376-6969

Are there any other water rights or claims associated with this property or water system? ☐ YES X NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Withdraw water from existing well using appropriate size pump(not yet determined) and pump water into existing distribution system. There may be additional treatment required that will be determined after additional pumping and testing.

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**  
(Complete A or B, and C below)

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: <u>115</u>	Present population to be served water: <u>275</u>
Type of connections: <u>Homes</u> <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: <u>300</u> (20 year projection)

**C.) Water System Planning**

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES X NO

If yes, date plan was approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Water System Number: 133014

Name of water system: Orcas Highlands Association, INC

Are you within the service area of an existing water system? ☐ YES X NO

If yes, explain why you are unable to connect to the system: District has an agreement to purchase the water system from Orcas Highlands Assoc. develop source and operate the system,. They presently purchase bulk water from Washington Water Service Co but are not part of the service area of Washington Water.

**Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

**Irrigation**

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

**Stockwater**

List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

**Other Proposed Farm Uses**

Describe all proposed uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Use**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES X NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES X NO

Will the water depth be 10 feet or more? ☐ YES X NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

## Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Drive on Orcas Island toward Rosario. Turn left on driveway past Otter's Pond across from Tomihi Drive.

Site Address: No address established for site yet

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Edwin L. Sutton

Print Name

(Applicant or authorized representative)

Signature

Date

6-15-10

James Hennessey

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

6/17/2010

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

